

CITY OF ANNAPOLIS
BOARD OF SUPERVISORS OF ELECTIONS

PETITION TO FILE AS AN INDIGENT CANDIDATE

NAME OF PETITIONER_____

OFFICE FOR WHICH FILED_____

ADDRESS_____Annapolis, MD 2140_

Daytime Telephone_____

1. The petitioner represents to the City of Annapolis, Board of Supervisors of Elections that the answer to the following questions are true:

A. Where are you employed?_____

How long so employed?_____

Wage or salary?_____

B. If unemployed, where last employed?_____

When?_____

Wage or salary?_____

How long so employed?_____

C. Name of Husband/Wife_____

Address_____

Where employed?_____

D. Where was Husband/Wife last employed?_____

When?_____

Wage or Salary?_____

How long so employed?_____

E. How much money do you have (on hand or savings)?_____

Where is this money? _____

F. Do you own an automobile or other vehicle?_____

Make, Model, Year, When Purchased? _____

Located where? _____

Amount owed on vehicle? _____

G. Do you own or are you buying a house or other real property? _____

Located Where? _____

Year Purchased? _____

Amount paid for property? _____

Amount owed on property? _____

H. Do you own any other type of property (stocks, valuable personal property, etc.)? _____

Describe property _____

Located where? _____

I. Do you have any source of income other than described above? If so, describe source and state amount of such income. _____

J. I have _____ children that I support.

2. I do not now have, nor am I able to obtain any funds whatsoever from anyone for the purpose of paying the required filing fee.
3. I agree and understand that in the event any monies are contributed to my campaign that those monies will be first applied to a payment of the required filing fee before they are used for any other purpose whatsoever.
4. I understand that my petition to file as an indigent candidate will be subject to review by legal counsel and approval by the Board of Supervisors of Elections.

Date _____ 2005

Signature of Petitioner

Subscribed and sworn before me this day of _____ 2005

Notary Public: _____

My commission expires: _____